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Bib Data Sheet

CONFIRMATION NO. 8123

<b>SERIAL NUMBER</b> 10/671,007	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> UWOTL121680
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/414,816 09/26/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none / *MD*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 12/19/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
 26389

**TITLE**

Methods for identifying subjects susceptible to ataxic neurological disease

<b>FILING FEE RECEIVED</b> 691	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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